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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Senate Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00571703	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee Main Street Media		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2016	
Mailing Address P.O. Box 25093		Amount 1049987.00	
City Alexandria	State VA	Zip Code 22313	Transaction ID : SE1 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2016
Purpose of Expenditure TV/Media Placement / Radio Placement		Category/ Type	
Name of Federal Candidate Catherine Cortez Mastro		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought		2126055.26	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

Full Name of Payee Wilson Grand Communications		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 20 / 2016</div> </div>	
Mailing Address 429 N. St. Asaph Street		Amount <div> <div>11984.00</div> </div>	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE2 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 20 / 2016</div> </div>
Purpose of Expenditure TV/Media Production	Category/ Type		
Name of Federal Candidate Catherine Cortez Mastro		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>2126055.26</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1061971.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

09 / 20 / 2016